Case 12-32334-KLP Doc 30

Filed 11/04/13 Entered 11/04/13 13:05:16 Desc Main Document Page 1 of 7

B22A (Official Form 22A) (Chapter 7) (12/10)

In re Clarissa Ann Coles	
Debtor(s)	According to the information required to be entered on this statement
Case Number: 12-32334	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

B22A (Official Form 22A) (Chapter 7) (12/10)

	Part II. CALCULATION OF M	ION	THLY INCOM	ME FOR § 707(b)('	7) E	XCLUSION	
	Marital/filing status. Check the box that applies a	and c	omplete the balance	e of this part of this state	men	it as directed.	
	a. In Unmarried. Complete only Column A ("D	otor's Income'') for Lines 3-11.					
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A (" Debtor's Income ") for Lines 3-11.						
	 c. □ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. □ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 						
	All figures must reflect average monthly income re				Spo		
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before					Column A	Column B
	the filing. If the amount of monthly income varied			you must divide the		Debtor's	Spouse's
	six-month total by six, and enter the result on the	appro	priate line.			Income	Income
3	Gross wages, salary, tips, bonuses, overtime, co	mmi	ssions.		\$	2,700.00	\$
	Income from the operation of a business, profes						
	enter the difference in the appropriate column(s) or business, profession or farm, enter aggregate numl						
	not enter a number less than zero. Do not include						
4	Line b as a deduction in Part V.		•	1			
			Debtor	Spouse			
	a. Gross receipts	\$	0.00				
	b. Ordinary and necessary business expensesc. Business income	\$	0.00 btract Line b from I		\$	0.00	¢
					Ф	0.00	D .
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any						
	part of the operating expenses entered on Line b as a deduction in Part V.						
5			Debtor	Spouse			
	a. Gross receipts	\$	0.00				
	b. Ordinary and necessary operating expenses		0.00		d.	0.00	ά
	c. Rent and other real property income	Su	btract Line b from I	Line a	\$	0.00	
6	Interest, dividends, and royalties.				\$	0.00	
7	Pension and retirement income.				\$	0.00	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					0.00	\$
	Unemployment compensation. Enter the amount						
	However, if you contend that unemployment comp benefit under the Social Security Act, do not list the						
9	or B, but instead state the amount in the space belo		iount of such comp	ensation in Column A			
	Unemployment compensation claimed to		2 22 G	Φ.			
	be a benefit under the Social Security Act Debto	or \$	0.00 Spo	ouse \$	\$	0.00	\$
10	domestic terrorism.						
	a.	\$	Debtor	Spouse \$			
	b.	\$		\$			
	Total and enter on Line 10	•			\$	0.00	\$
11	Subtotal of Current Monthly Income for § 707(b)(7)	Add Lines 3 thru	10 in Column A. and if	-	0.00	-
11	Column B is completed, add Lines 3 through 10 in				\$	2,700.00	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		2,700.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	32,400.00
14	Applicable median family income. Enter the median family income for the applicable state and ho (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankru			
	a. Enter debtor's state of residence: VA b. Enter debtor's household size:	5	\$	94,998.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.			
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "Top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII	• •	does no	ot arise" at the
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of	of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	TION OF CUR	RENT	MONTHLY INCO	ME FOR § 707(b)(2)
16 Enter the amount from Line 12.				\$		
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. b. c. d. Total and enter on Line 17			\$ \$ \$		\$
18	Current monthly income for § 70'	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the res	sult.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	_
	Subpart A: Dec	luctions under Sta	ındard	s of the Internal Reven	ue Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	a1. Allowance per person	's of age	a2.	Persons 65 years of ago Allowance per person	e or older	
	b1. Number of persons c1. Subtotal		b2.	Number of persons Subtotal		\$
20A	Local Standards: housing and uti Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom yo	xpenses for the appli from the clerk of the allowed as exemption	expens cable co bankrup	es. Enter the amount of the unty and family size. (This trey court). The applicable	s information is family size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$				
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a				
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the					
	Census Region. (These amounts are available at www.usdoj.gov/ust/	or from the clerk of the bankruptcy court.)	\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
	Other Necessary Expenses: taxes. Enter the total average monthly ex	spense that you actually incur for all federal.				
25	state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social					
	security taxes, and Medicare taxes. Do not include real estate or sale	\$				

B22A (Official Form 22A) (Chapter 7) (12/10)

5

22211 (•		
26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as voluntary	\$			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in l	ency, such as spousal or child support payments. Do not	\$		
29		t or for a physically or mentally challenged child. Enter and for education that is a condition of employment and for allenged dependent child for whom no public education	\$		
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre-		\$		
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	yourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you				
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonab dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary				

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will conting anization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of L	ines	s 34 through 40		\$
		S	ubpart C: Deductions for De	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				,	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					u may include in on to the ld include any such amounts in	
	a.				\$ T	otal: Add Lines	\$
44	prior		ims. Enter the total amount, divided b claims, for which you were liable at t as those set out in Line 28.				\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a.	Projected average monthly Cha	* * * *	\$			
73	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b						
16	C.		•		tal: Multiply Line	es a and b	\$
46						\$	
			ubpart D: Total Deductions f				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.						\$
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48			rent monthly income for § 707(b)(2)				\$
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707	(b)(2))		\$
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	48	and enter the resu	ılt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as direct	ted.				
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "Th statement, and complete the verification in Part VIII. You may also complete Part V					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0	0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as of	directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for of this statement, and complete the verification in Part VIII.	"The presumption does not arise	e" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Confidence of page 1 of this statement, and complete the verification in Part VIII. You may also		on arises" at the top			
	Part VII. ADDITIONAL EXPENSE C	LAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amour	nt			
	a. \$					
	b.	5				
	c. \$	'				
	d. \$					
	Total: Add Lines a, b, c, and d	5				
	Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is t	true and correct. (If this is a join	t case, both debtors			
57	Date: November 4, 2013 Signature: Is/ Clarissa Ann Coles Clarissa Ann Coles (Debtor)					

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.